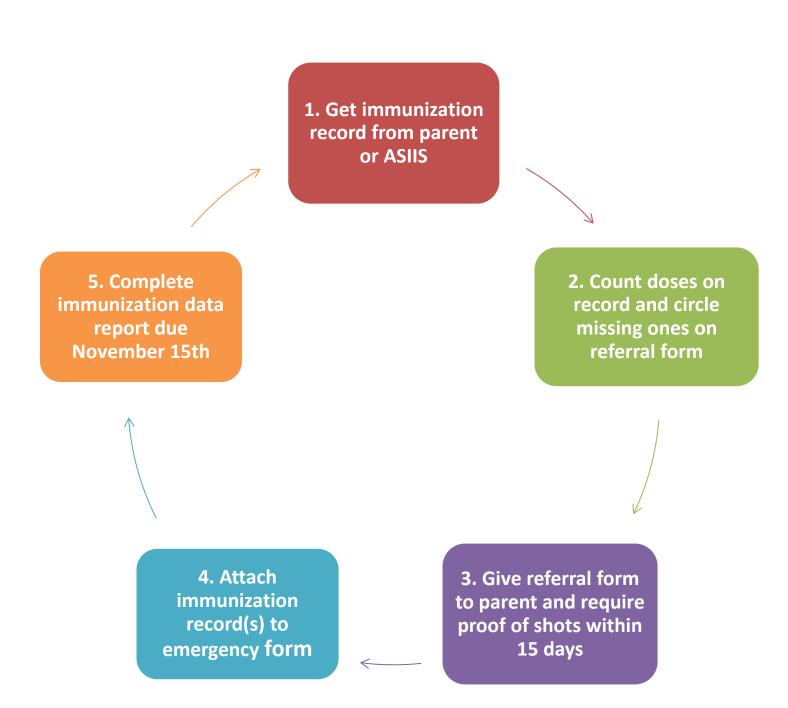
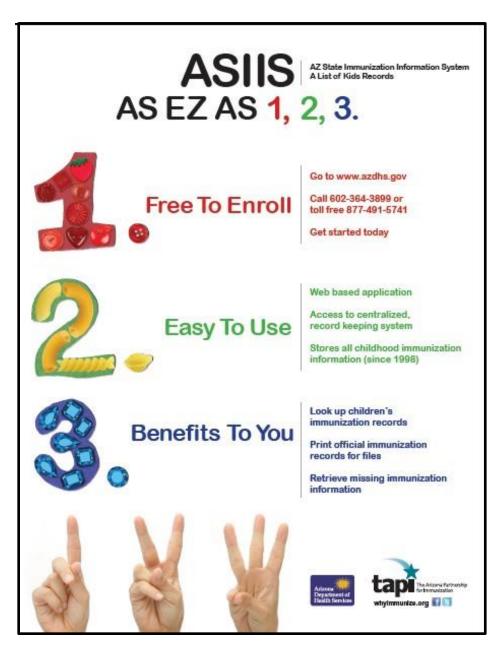


Child Care Immunization Toolkit



1. Get immunization record from parent or ASIIS

- Ask the parent/guardian for the child's immunization record(s) at the time of enrollment.
- Enroll in ASIIS, the Arizona Immunization Information System, so that you
 can look up the immunization records of children.



2. Count doses on record and circle missing ones on referral form

Name: Nathan Arizona	Date of Birth: 6-24-2010							
Type of Vaccine	1st Mo/Day/Yr	2nd Mo/Day/Yr	3rd Mo/Day/Yr	4th Mo/Day/Yr	5 th Mo/Day/Yr			
(DTaP/DT) Diphtheria, Tetanus, Pertussis	911110	1/13/11	12/10/12	1 1	1 1			
Signature of Provider	Dr. Smith	CCHD	a. Smith		8 8			
(IPV) Polio	911110	1 13 11	12/10/12	1 1	· 1 1			
Signature of Provider	Dr. Smith	CCHD	Dr. Smith					
(Hib) Haemophilus influenzae type B	9/1/10	1113111	12/10/12	1 1	Notes:			
Name of Hib Manufacturer	Much	menh.	Mercu					
Signature of Provider	Dr. Smith	CCHO	Dr. Smeth					
(PCV) Pneumococcal Conjugate	9/1/10	1 /13/11	12/10/12	1 1	14.5			
Signature of Provider	Or. Smith	CCHD	Dr. Louith					
(Hep B) Hepatitis B	9/1/10	1/13/ 11	1 1	:1 1				
Signature of Provider	Dr. Smith	CCHD		9 7	4.5			
(Hep A) Hepatitis A	12/10/12	1 1	1 1		d to the term of			
Signature of Provider	Dr. Smith							
(RV) Rotavirus	9/1/10	1 1.	1 1	美国的				
Name of RV Manufacturer	Dr. Smith							
Signature of Provider					1525 8			
(MMR) Measles, Mumps, Rubella	1 1	1 1		TO THE PARTY OF TH				
Signature of Provider .					Refer			
(VAR) Varicella ✓ □ box if Hx of chickenpox	8 /25/11	1-1	Arizona Departmen					
	0		Departmen	11 01				

EXAMPLE:

Signature of Provider

- Nathan is 3 years old and entering a Maricopa County preschool.
- The preschool director checked the referral notice to see the requirements for children 15 months and older.
- Nathan is missing Hep B #3, DTaP #4, MMR #1 and Hepatitis A #2
- The immunization doses Nathan is missing are circled on the referral notice.



al Notice of Required Immunizations in Childcare and Preschool*

Date of Birth 6-24-2010 Child's Name Nathan Arizona

The chart below shows the ages when vaccines are required for childcare and preschool attendance in Arizona. Proof of immunizations must be attached to the child's emergency card. PLEASE BRING YOUR CHILD'S MOST CURRENT IMMUNIZATION RECORD to show proof of the doses circled below within 15 days of (today's date)

0-1 month	Hepatitis B #1
2 months	Hep B #1 + DTaP #1 + Polio #1 + Hib #1
4 months	Hep B #2 + DTaP #2 + Polio #2 + Hib #2
6 months	Hep B #2 + DTaP #3 + Polio #2 + Hib #2-3
12 months	Hep B #3 + DTaP #3 + Polio #3 + Hib #2-3 + MMR #1 + Varicella #1
15 months and older	Hep B #3+DTaP #4 Polio #3 + Hib #3-4* + MMR #1 + Varicella #1 + Hep B #4 (if Hep B #3 was given before 24 weeks of age) '1 Hib dose at/after 12 months is required. A Hib dose given at or after 15 months meets all Hib requirements. Hib is not required for children 5 years and older.
Maricopa County Only	12 months and older: Hepatitis A #1 18 months and older: Hepatitis A #2 (6 months after Hep A #1)

http://www.azdhs.gov/phs/immunization/school-childcare/requirements.htm for information.

Medical and Religious exemptions to immunization are available in Arizona preschool/childcare

- Medical exemptions must be completed by the child's doctor on the form published by Arizona Department of Health Services.
- Religious exemptions must be completed by the child's parent/guardian on the form published by Arizona Department of Health Services.

2. Count doses on record and circle missing ones on referral form

EXAMPLE:

- Minnie is 7 1/2 months old.
- Her immunization record was found in ASIIS and printed.
- The child care director checks the referral notice to see requirements for 6 months of age.
- Minnie is missing Hep B #2, DTaP #3 and Hib #2 from her record.
- The immunization doses
 Minnie is missing are
 circled on the referral
 notice below

			accination Reco		
IRMS: Facility: Date: Ju	ıly 24, 2013				
Patient ID: 0	00000000 finnie Mouse 2/01/2012 EMALE	Phone: Street: City: State: Zip Code: Country:			
Medicaid No.		WIC ID.			
Vaccine F	amily	Dose 1	Dose 2	Dose 3	Dose 4
DTaP/DT	P/Td	02/02/2013 9 weeks	05/12/2013 5 months		
OPV/IF	v	02/02/2013 9 weeks	05/12/2013 5 months		
MMR					
Hib		02/02/2013 9 weeks			
Hep A	4				
Hep B - 3	Dose	12/04/2012 3 days			
Varice	lla				
Rotavir	us	02/02/2013 9 weeks			



Referral Notice of Required Immunizations in Childcare and Preschool*

Child's Name Minnie Mouse

Date of Birth 12/1/2012

The chart below shows the ages when vaccines are required for childcare and preschool attendance in Arizona. Proof of immunizations must be attached to the child's emergency card. **PLEASE BRING YOUR CHILD'S MOST CURRENT IMMUNIZATION RECORD** to show proof of the doses circled below within 15 days of (today's date) 7/25/2013

0-1 month	Hepatitis B #1	
2 months	Hep B #1 + DTaP #1 + Polio #1 + Hib #1	
4 months	Hep B #2 + DTaP #2 + Polio #2 + Hib #2	
6 months	Hep B #2 + DTaP #3 + Polio #2 + Hib #2-3	
12 months	Hep B #3 + DTaP #3 + Polio #3 + Hib #2-3 + MMR #1 + Varicella #1	

3. Give referral form to parent and require proof of shots within 15 days

EXAMPLE:

- Child care centers are required to review each child's record of immunization and to notify parents if required doses are missing.
- Harry's parents will have 15 days from the date of notice (7/25/13) to provide proof that he has received the circled MMR #1.
- The referral notice also advises parents about exemptions to immunization requirements.



Referral Notice of Required Immunizations in Childcare and Preschool*

Child's Name Harry Potter

Date of Birth 5/3/2012

The chart below shows the ages when vaccines are required for childcare and preschool attendance in Arizona. Proof of immunizations must be attached to the child's emergency card. **PLEASE BRING YOUR CHILD'S MOST CURRENT IMMUNIZATION RECORD** to show proof of the doses circled below within 15 days of (today's date) 7/25/2013

0-1 month	Hepatitis B #1
2 months	Hep B #1 + DTaP #1 + Polio #1 + Hib #1
4 months	Hep B #2 + DTaP #2 + Polio #2 + Hib #2
6 months	Hep B #2 + DTaP #3 + Polio #2 + Hib #2-3
12 months	Hep B #3 + DTaP #3 + Polio #3 + Hib #2-3 + MMR #1 + Varicella #1
15 months and older	Hep B #3 + DTaP #4 + Polio #3 + Hib #3-4* + MMR #1 + Varicella #1 + Hep B #4 (if Hep B #3 was given before 24 weeks of age) *1 Hib dose at/after 12 months is required. A Hib dose given at or after 15 months meets all Hib requirements. Hib is not required for children 5 years and older.
Maricopa County Only	12 months and older: Hepatitis A #1 18 months and older: Hepatitis A #2 (6 months after Hep A #1)

Additional immunizations required at kindergarten entry are not included on this form. Visit http://www.azdhs.gov/phs/immunization/school-childcare/requirements.htm for information.

Medical and Religious exemptions to immunization are available in Arizona preschool/childcare settings.

- Medical exemptions must be completed by the child's doctor on the form published by Arizona Department of Health Services.
- Religious exemptions must be completed by the child's parent/guardian on the form published by Arizona Department of Health Services.

*Childcare Provider: The chart above shows when immunizations are required. Upon enrollment, check to see if the child has all the doses needed for his or her age group. If the child appears to be missing any doses, circle the missing doses. Write the child's name, date of birth and the current date at the top of the form. Use this same form whenever you need proof of additional immunizations. Keep a copy of each completed form for your records.

3. Give referral form to parent and require proof of shots within 15 days

What if the parent requests to sign an exemption form instead of bringing in the child's immunization record?

- Tell the parent about the types of exemptions available in child care, preschool and Head Start programs:
 - 1. **Religious exemptions** are available for children of parents who are raising their child in a religion that opposes immunization.
 - Medical exemptions are available for children whose physician or nurse practitioner determines that there are medical reasons why the child should not be vaccinated.
- Provide the July 2013 version of the ADHS "Religious Beliefs Exemption Form" to all parents who state that vaccination is against their religious beliefs. Parents who have an older version of the religious exemption form on file need to complete the new form. After the parent has completed all areas of the form, make a copy and give it to the parent.
- Provide the July 2013 version of the ADHS "Medical Exemption Form" to parents
 who state that there are medical reasons why their child cannot be vaccinated.
 All Medical Exemptions must be signed and completed by the health care
 provider before you accept them from the parent.
- Visit https://www.whyimmunize.org/free-materials/ for free handouts about immunizations and vaccine safety.

4. Attach immunization record(s) to emergency form

- Attach immunization record(s) and exemption forms to the child's <u>Emergency</u> <u>Information and Immunization Record Card</u> (EIIRC).
- If an exempt child has received any vaccine doses in the past, attach record of the doses to the EIIRC. This will be very important if there is an outbreak of disease in your center.

Note: Immunization status & dates of referrals on back of the EIIRC.

(A licensed Immunizat	e shall attach ar tion Record car	n enrolled child's writted.)	en immunization record or exemption af	fidavit to the enro	lled child's Emergen	cy, Information and
			mmunization requirements go			
www.azd	hs.gov/phs/ii	mmun/index.htm O	or contact the Arizona Immuniz	zation Program	m Office at (602	2)364-3630.
One	of these	items must acc	company the EIIR card at	all times:		
			official documented immuniza		ttached	
		A -	s exemption form signed by pa			
			ion form signed by physician		ardian attached	
		Signed Laborato	ry Proof of Immunity form att	ached		
Notifica	tion of imm	anizations needed	sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
	Ţ	Jpdated immuniz	zations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr
Medica	l Informat	ion				
If yes, de	scribe sympto		substances to be avoided, and the pro-			
If yes, des	usually sus t precautions:	oms, name foods or socceptible to infect	substances to be avoided, and the pro- tions and if so, what precaution	ns need to be	taken?	No Yes
Is child If yes, list Is child If yes, spo	usually sus t precautions: subject to c ecify procedu	sceptible to infect convulsions and v re: cal condition that	tions and if so, what precaution	ns need to be	taken?	No Yes
If yes, desired in the second	usually sus t precautions: subject to c ecify procedu any physic t (heart trou	sceptible to infect convulsions and v re: cal condition that able, foot problem	tions and if so, what precaution what should be our procedure if	ns need to be	taken?	No Yes
Is child If yes, list Is child If yes, list Is child If yes, spo Is there be taken If yes, list Addition	usually sus t precautions: subject to c ecify procedu any physic t (heart trou t precautions:	convulsions and vare: cal condition that table, foot problem:	tions and if so, what precaution what should be our procedure if	ns need to be	taken?	No Yes
Is child If yes, list Is child If yes, list Is there be taken If yes, list Addition Other sp	usually sus t precautions: subject to c ecify procedu any physic t (heart trou t precautions: nal commen	convulsions and vere: cal condition that able, foot problem: ints:	tions and if so, what precaution what should be our procedure if	if one occurs? what precauticetc.)?	ons should	No ☐ Yes No ☐ Yes No ☐ Yes

5. Complete immunization data report due November 15th

- The Immunization Data Report (IDR) is required by November 15th each year.
- IDR forms and directions are posted at http://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#schools-immunization-reports
- If you use a software program to track immunizations and you would like to create your own IDR form contact the School and Child Care Helpline at 1-866-222-2329 to receive instructions.
- To complete the IDR, you will need the immunization records of all enrolled children who are under the age of 5 years as of October 1st.
- Separate children by age group when completing the report. Check the dates listed on the current year's report when listing children's names.
- Use as many copies of the report form as necessary to list each child, the date of birth and the number of DTaP, Polio, MMR, Hib, Hep A and Varicella vaccine doses listed on the child's immunization record(s).
- See the immunization record for "Nathan Arizona" on page 3 for an example of a child with the following vaccine doses: 3 DTaP, 3 Polio, 3 Hib, 2 Hep B, 1 Hep A and 1 Varicella vaccine. Doses of vaccines not listed on the IDR form are not required.

5. Complete immunization data report due November 15th

Before completing Immunization Data Report forms, separate the immunization records of enrolled children into one of the two age groups shown below:

EXAMPLE: IDR form listing children born from October 1, 2008 through March 31, 2012

Full Name of Child Care or Preschool Facility: Best Childcare Center Mailing Address, City, Zip: 10000 West Arizona St, Anytown, AZ 85000 County: Name of County			D#:	Director/Contact Person: Mary Poppins								
			CDC-00000 E-Mail Address: MaryP@Be			BestCenter.Com						
			Phone: 928-000-0000 Date of Report: November 10, 2013				13					
On each page, please group children by one of the two birthdate ranges. Please place an "X" in one of the two boxes below.		DTaP	Pollo	MMR	ню	Нер А	Нер В	Varicella		Exen	nptlo	18
October 1, 2008 – March 31, 2012 On or after April 1, 2012 Date of Birth			How many doses on record?	How many doses on record?	How many doses on record?	How many doses on record?	How many doses on record?	How many doses on record?	Religious	Temporary Medical	Permanent Medical	Bidence of inmarity
1. Alexandria Baldwin	10/11/10	4	3	1	3	2	3	1				
2. Carlos Garcia	. Carlos Garcia 6/18/09		3	1	4	1	4	1		90 G		
3. Lawrence Begay	3/30/11	4	3	0	1	0	3	0		х		
3/30/11			1923 3	8 33555	577	0.573		1 0.533 (0			L.	

EXAMPLE of IDR form listing children born April 1, 2012 or later

Full Name of Child Care or Preschool Facility:) #:	Directo	Director/Contact Person: Mary Poppins							
Best Childcare Center			DC-00000 E-Mall Address: MaryP@BestCenter.Com									
Mailing Address, City, Zip: 10000 West Arizona St, Anytown, AZ 85000 County: Name of County			Phone: 928-000-0000					Date of Report:				
			<u>Fax:</u> 928-100-0000				November 10, 2013					
On each page, please group children by one of the two birth Please place an "X" in one of the two boxes belo				НІЬ	Нер А	Нер В	Varicella		Exen	ptions	à	
October 1, 2008 – March 31, 2012 X On or after April	October 1, 2008 – March 31, 2012 X On or after April 1, 2012											
Child's Name	Date of Birth		How many doses on record?	How many doses on record?	How many doses on record?	How many doses on record?	How many doses on record?	How many doses on record?	Religious	Temporary Medical	Permanent Medical	Lab Evidence of hereurity
1. Noah Blake	9/27/12	3	2		3		3					
2. Sarah Simple	6/1/12	3	3	1	3	1	4					
3. Randy Aros	4/14/13	2	2		2		2					
4. Jose Sanchez	12/1/12	3	3		3		3					
5												
	I											$\neg \neg$

Note: Birth date range of children listed on the IDR changes each year. Dates shown above are for an IDR due on 11/15/13